

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

26220 ENTERPRISE COURT

☐ Check if different than previously reported. (ACC)

LAKE FOREST

CA

92630

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00240218

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☒ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer RAOUL SMYTH

Signature of Treasurer

RAOUL SMYTH

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
01		01		2015

To:

M M	/	D D	/	Y Y Y Y Y
06		30		2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2015</td></tr></table>	Y	Y	Y	Y	Y	2015						<table><tr><td colspan="5">192858.65</td></tr></table>	192858.65				
Y	Y	Y	Y	Y													
2015																	
192858.65																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">192858.65</td></tr></table>	192858.65															
192858.65																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">9502.50</td></tr></table>	9502.50					<table><tr><td colspan="5">9502.50</td></tr></table>	9502.50									
9502.50																	
9502.50																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">202361.15</td></tr></table>	202361.15					<table><tr><td colspan="5">202361.15</td></tr></table>	202361.15									
202361.15																	
202361.15																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">10200.00</td></tr></table>	10200.00					<table><tr><td colspan="5">10200.00</td></tr></table>	10200.00									
10200.00																	
10200.00																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">192161.15</td></tr></table>	192161.15					<table><tr><td colspan="5">192161.15</td></tr></table>	192161.15									
192161.15																	
192161.15																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0</td></tr></table>	0															
0																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0</td></tr></table>	0															
0																	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3880.00	3880.00
(ii) Unitemized	5622.50	5622.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9502.50	9502.50
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	9502.50	9502.50
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0	0
(b) Levin Funds (from Schedule H5)	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	9502.50	9502.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	9502.50	9502.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	4200.00	4200.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4200.00	4200.00
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	6000.00
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10200.00	10200.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10200.00	10200.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9502.50	9502.50
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9502.50	9502.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	4200.00	4200.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	4200.00	4200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 6 OF 12
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. James C Bowers

Mailing Address 256 Aerie Ct

City	State	Zip Code
Roseville	CA	95661-4063

FEC ID number of contributing
federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

Market Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : 434-P21767

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mark A Centolella

Mailing Address 8304 Codys Cors

City	State	Zip Code
Cicero	NY	13039-7921

FEC ID number of contributing
federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

Area VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : 434-P21769

Amount of Each Receipt this Period

280.00

Payroll Deduction

(\$35.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Kenneth A. Common

Mailing Address 1238 N Raymond Ave

City	State	Zip Code
Fullerton	CA	92831-2048

FEC ID number of contributing
federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

VP Real Estate Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2015

Transaction ID : 434-P21800

Amount of Each Receipt this Period

280.00

Payroll Deduction

(\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

620.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Jerome D Lafontaine

Mailing Address 8445 S Newcombe St

City State Zip Code
 Littleton CO 80127-4260

FEC ID number of contributing federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

Area VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 06 12 2015

Transaction ID : 433-P21735

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Michael F. McGrath

Mailing Address 1209 Reggio Aisle

City State Zip Code
 Irvine CA 92606-0855

FEC ID number of contributing federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

Dir. Internal Audit

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 06 26 2015

Transaction ID : 434-P21796

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Dean W. Milligan

Mailing Address 521 Andalusian Rd

City State Zip Code
 Schwenksville PA 19473-1882

FEC ID number of contributing federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

Division VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 03 20 2015

Transaction ID : 439-P21827

Amount of Each Receipt this Period

180.00

Payroll Deduction

(\$60.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

340.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Theresa A Noble

Mailing Address 41427 N Laurel Valley Way

City State Zip Code
 Anthem AZ 85086-1281

FEC ID number of contributing
federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

Regional VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

06 / 26 / 2015

Transaction ID : 434-P21772

Amount of Each Receipt this Period

245.00

Payroll Deduction

(\$35.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Kimberlie K Rogers-Bowers

Mailing Address 91 E Chevalier Ct

City State Zip Code
 Eighty Four PA 15330-2691

FEC ID number of contributing
federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

Sr VP Reg Affairs & Acq I

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 26 / 2015

Transaction ID : 434-P21774

Amount of Each Receipt this Period

125.00

Payroll Deduction

(\$25.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Garrett Y Saito

Mailing Address 28 Flintstone

City State Zip Code
 Aliso Viejo CA 92656-1919

FEC ID number of contributing
federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

VP Logistics

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

06 / 26 / 2015

Transaction ID : 434-P21775

Amount of Each Receipt this Period

125.00

Payroll Deduction

(\$25.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

495.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Tami Salley

Mailing Address 304 Oak Ridge Dr

City

Venetia

State

PA

Zip Code

15367-1160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

Division VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

780.00

Date of Receipt

06 / 26 / 2015

Transaction ID : 434-P21776

Amount of Each Receipt this Period

600.00

Payroll Deduction

(\$60.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Richard H. Scholl

Mailing Address 7 Slater Dr

City

Stony Point

State

NY

Zip Code

10980-1907

FEC ID number of contributing
federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

Division Respiratory Mgr.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

06 / 26 / 2015

Transaction ID : 434-P21798

Amount of Each Receipt this Period

60.00

Payroll Deduction

(\$20.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Raoul Smyth

Mailing Address 11 Ensueno E

City

Irvine

State

CA

Zip Code

92620-1844

FEC ID number of contributing
federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

VP, Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

455.00

Date of Receipt

06 / 26 / 2015

Transaction ID : 434-P21777

Amount of Each Receipt this Period

280.00

Payroll Deduction

(\$35.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

940.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 12

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Gregory A Tewell

Mailing Address 213 N Willow Springs Rd

City State Zip Code
 Orange CA 92869-4534

FEC ID number of contributing federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

VP Business Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 06 26 2015

Transaction ID : 434-P21778

Amount of Each Receipt this Period

210.00

Payroll Deduction

(\$30.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Andrew Cameron Thompson

Mailing Address 20 Westchester Ct

City State Zip Code
 Coto de Caza CA 92679-4956

FEC ID number of contributing federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

Exec VP Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 06 26 2015

Transaction ID : 434-P21779

Amount of Each Receipt this Period

825.00

Payroll Deduction

(\$75.00 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Deanna P Thompson

Mailing Address 177 Montalvo Rd

City State Zip Code
 Redwood City CA 94062-3820

FEC ID number of contributing federal political committee.

C

Name of Employer

Apria Healthcare

Occupation

Division VP Sales

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
 06 26 2015

Transaction ID : 434-P21780

Amount of Each Receipt this Period

450.00

Payroll Deduction

(\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1485.00

3880.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 12

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Stakeholder InternationalMailing Address 301 E Carmel Drive
Ste. C-500

City Carmel State IN Zip Code 46032

Purpose of Disbursement
Software License for PAC Reporting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 27 / 2015**Transaction ID : 438**

Amount of Each Disbursement this Period

4200.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►4200.00
4200.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

APRIA HEALTHCARE LLC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FRIENDS OF GLENN THOMPSON (P)

Mailing Address PO BOX 1112

City STATE COLLEGE	State PA	Zip Code 16804
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Purpose of Disbursement
Contribution to House Candidate

Candidate Name

GLENN THOMPSONOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2015

Transaction ID : 435

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF PAT TOOMEY (P)

Mailing Address 2720 JORDAN ROAD

City OREFIELD	State PA	Zip Code 18069
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Purpose of Disbursement
Contribution to Senate Candidate

Candidate Name

PATRICK JOSEPH TOOMEYOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2015

Transaction ID : 436

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. LOEBSACK FOR CONGRESS (P)

Mailing Address PO BOX 3013

City IOWA CITY	State IA	Zip Code 52244
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Purpose of Disbursement
Contribution to House Candidate

Candidate Name

DAVID WAYNE LOEBSACKOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: IA District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2015

Transaction ID : 437

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6000.00

6000.00
